

Res'd PCT/PTO

12 SEP 2005

10/500977

P.O. 5/01A (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)****Title of Invention**    **Efficient Liposomal Encapsulation Under Mild Conditions**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ Application No. 10/500,977, filed on 07/08/04,
- ☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**Inventor one: Alla PolozovaSignature: [Signature]Citizen of: CanadaInventor two: Xingong Li

Signature: \_\_\_\_\_

Citizen of: ChinaInventor three: Walter R. Perkins

Signature: \_\_\_\_\_

Citizen of: US

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_

Citizen of: \_\_\_\_\_

☐ Additional inventors or a legal representative are being named on \_\_\_\_\_ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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12 SEP 2005

PTO/SB/81 (11-04)

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<b>POWER OF ATTORNEY</b> SEP 12 2005 <b>CORRESPONDENCE ADDRESS</b> <b>INDICATION FORM</b>	<b>Application Number</b>	10/500,977
	<b>Filing Date</b>	July 8, 2004
	<b>First Named Inventor</b>	Alla Polozova
	<b>Title</b>	Efficient Liposomal Encapsulation Under Mild Conditions
	<b>Art Unit</b>	Not Yet Known
	<b>Examiner Name</b>	Not Yet Known
	<b>Attorney Docket Number</b>	TRA-028.01

**I hereby revoke all previous powers of attorney given in the above-identified application.****I hereby appoint:**☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

25181

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Alla Polozova

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Xingong Li

Telephone

Title and Company

Sr. Scientist. Transave Inc.

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Walter R. Perkins</i>	Date	<i>Aug 12, 2005</i>
Name	Walter R. Perkins	Telephone	<i>609-818-1211</i>
Title and Company	<i>Vice President Research and <del>Product</del> Development, Transave</i>		

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Latin Name::

10/501077

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: 100 Alla

Middle Name::

Family Name:: POLOZOVA

Name Suffix::

City of Residence:: Cranbury

State or Province of Residence:: NJ


NJ

Country of Residence:: US

Street of Mailing Address:: Orchard 105M, 60 One Mile Road

City of Mailing Address:: Cranbury

State or Province of Mailing Address:: NJ



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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)****Title of Invention****Efficient Liposomal Encapsulation Under Mild Conditions****10/500977**

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- ☐ as amended on \_\_\_\_\_ (if applicable);

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**FULL NAME OF INVENTOR(S)**Inventor one: Alla Polozova

Signature: \_\_\_\_\_

Citizen of: CanadaInventor two: Xingong Li

Signature: \_\_\_\_\_

Citizen of: ChinaInventor three: Walter R. Perkins

Signature: \_\_\_\_\_

Citizen of: US

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_

Citizen of: \_\_\_\_\_

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11/508977

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 08512

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

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Middle Name::

Family Name:: LI

Name Suffix::

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State or Province of Residence:: NJ

Country of Residence:: US

Street of Mailing Address:: 103 Princeton Arms N.

City of Mailing Address:: Cranbury

State or Province of Mailing Address:: NJ

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 08512

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
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**FULL NAME OF INVENTOR(S)**Inventor one: Alla PolozovaSignature: \_\_\_\_\_ Citizen of: CanadaInventor two: Xingong LiSignature: \_\_\_\_\_ Citizen of: ChinaInventor three: (3) Walter R. PerkinsSignature: Walter R. Perkins Citizen of: US

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

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Given Name::

3-D

Walter

Middle Name::

R.

Family Name::

PERKINS

Name Suffix::

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State or Province of Residence::

NJ

NJ

Country of Residence::

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Pennington

State or Province of Mailing  
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NJ

Country of Mailing Address::

US

Postal or Zip Code of Mailing  
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Fax Number:

(703) 836-2021

**Representative Information**

Representative Customer Number:: 21839